

EXECUTIVE LOBBYING
SUPPLEMENTAL REGISTRATION FORM

Instructions

1. Print in ink or type.
2. Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, or fax to (225) 763-8787. For information or assistance, call (225) 763-8777 or (800) 842-6630. No fee is required.
3. This form must be submitted within 5 days of any changes in your registration form or to add employers or those you represent. It must be submitted within 10 days of any termination of employment or representations.

FOR OFFICE USE ONLY
Postmark Date: 5/2/08

Supp. 08

ACK ✓

3071519

1. NAME Babcock Michelle Shirley
Last First MI

NAME
CHANGE _____
Last First MI

2. BUSINESS PHONE 225-344-0911
(Area Code) Phone Number

3. FAX PHONE 225-761-9088

4. BUSINESS ADDRESS 11420 Airline Hwy. Ste. 102 BR LA 70816
Street and No. City State Zip

MAILING ADDRESS 11420 Airline Hwy. Ste. 102 BR LA 70816
Street and No. City State Zip

5. EMPLOYER Babcock Law Firm

6. EMPLOYER'S ADDRESS 11420 Airline Hwy. Ste. 102 BR LA 70816
Street and No. City State Zip

7. Have you ceased or terminated all lobbying activities requiring registration? Yes _____ No _____

8. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1) Name Regional Health Care Group
Address 4311 Bluebonnet Blvd BR, LA 70805
Business or purpose Hospices and Home Health Care

☐ New Representation
Does this person pay you? no

If No, who pays you? Babcock Law Firm

☐ Terminated Representation as of _____

HAND DELIVERED

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- 2) Name _____
Address _____
Business or purpose _____
- ☐ New Representation
Does this person pay you? _____
If No, who pays you? _____
- ☐ Terminated Representation as of _____
- 3) Name _____
Address _____
Business or purpose _____
- ☐ New Representation
Does this person pay you? _____
If No, who pays you? _____
- ☐ Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.



Signature of Lobbyist